

## TRANSMITTAL FOR POWER OF ATTORNEY TO ONE OR MORE REGISTERED PRACTITIONERS

**NOTE:** This form is to be submitted with the Power of Attorney by Applicant form (PTO/AIA/82B or equivalent) to identify the application to which the Power of Attorney is directed, in accordance with 37 CFR 1.5. If the Power of Attorney by Applicant form is not accompanied by this transmittal form or an equivalent, the Power of Attorney will not be recognized in the application.

|                        |  |
|------------------------|--|
| Application Number     | 09/786,529   |
| Filing Date            | October 8, 2010  |
| First Named Inventor   | James V. LUCIANI   |
| Title                  | NON-BROADCAST MULTIPLE ACCESS INVERSE NEXT HOP RESOLUTION PROTOCOL (INHRP) |
| Art Unit               | 2475   |
| Examiner Name          | Brian T. O'Connor  |
| Attorney Docket Number | 22493-283PUS (BA0307)  |

**SIGNATURE of Applicant or Patent Practitioner**

|                     |                    |           |                 |
|---------------------|--------------------|-----------|-----------------|
| Signature           | /Alan M. Weisberg/ | Date      | October 2, 2012 |
| Name                | Alan M. Weisberg   | Telephone | (954) 828-1488  |
| Registration Number | 43,982             |           |                 |

**NOTE:** This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications.

\*Total of Two (2) forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

# POWER OF ATTORNEY BY APPLICANT

I hereby revoke all previous powers of attorney given in the application identified in the attached transmittal letter.

- I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A or equivalent):

**31292**

OR

- I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A or equivalent):

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Please recognize or change the correspondence address for the application identified in the attached transmittal letter to:

- The address associated with the above-mentioned Customer Number.

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- The address associated with Customer Number:

**31292**

Firm or Individual Name

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I am the Applicant:

- Inventor or Joint Inventor  
 Legal Representative of a Deceased or Legally Incapacitated Inventor  
 Assignee or Person to Whom the Inventor is Under an Obligation to Assign  
 Person Who Otherwise Shows Sufficient Proprietary Interest (e.g., a petition under 37 CFR 1.46(b)(2) was granted in the application or is concurrently being filed with this document)

**SIGNATURE of Applicant for Patent**

Signature



Date

20 Sept 2012

Name

Telephone

972-684-8188

Title and Company

**NOTE: Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. Submit multiple forms for more than one signature, see below.\***

\*Total of Two (2) forms are submitted.

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